		CE	RITFICAT	E OF DEATH Reg. Diat. N	02.7.5
1. PLACE OF DEATH: County Prince Georges				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
City or town	Glen	n Dale, Maryla mits, write RURAL and give	ind	State D. C County	*************
(If	outside city or town li	mits, write RURAL and give	nearest town)	City or town	
How long in above place	ce of death?	yrs., 6 mos.,	20days	(If outside city or town limits, write RURAL and g	ve nearest town)
(Henn Dale	Sanatorium		Sireel No. 223 - 3rd Street, N. E.	
low long in hospital	or institution? 14 y	rs., 6 mos., 2	8 days	2.(a) Il veleran, name war	
3. (a) FULL NAM	1E			3. (b) Social Sec	urity Number
		HOMAS	J. BA.	NKS 226-18-	2120
4. Sex	5. Celer er race	6.(a) Single, married, widows	ed, or divorced	MEDICAL CERTIFICATION	V
Male	Negro	Separated		20, DATE OF DEATH Oct 23, 104	48 420p
E (b) Name of hughan	Ru Ru	by Turner Bank	cs	21. I CERTIFY that death occurred on the date above etaied: that I allende	d deceased from
			39	Mar 24 1944 to Oct	23, 1948
7. Birth date of	May 1.	1906	eyeare	and that I last eaw h. is	23, 1948
deceased (mo., day,	, 1(.)	Daye if ieee than o	ne day	Immediate cause of death	DURATION
o. Add.	125707-1			Pulmovary Tuberculous	61525 NA
42 1	12 5	22hr	imin.	9	
9. Birthplace	range, Vir	gi nia		moniplication:	
		county, and atace,		Right tulurculous empyen	a 4ys
			***************************************	Oue to	
11. Industry or busine		1			
FI		ks		Other conditions	
13. Birthplace	Orange, V			(include pregnancy within 3 months of death)	
14. Maiden name	Carrie W	ashington		Major fiadings of operations	
E 15 Birthniace		, Virginia		major hadiags of operations	
	Deces	d		Autopsy results	
16. informant	Decease	· L	***************************************	PHYSICIAN: Please underline the cause to which death should be cl	arged statistically.
Addrese		0		22. VIOLENCE: If death was due to external causes, fill in the following:	
17 /Ju	on, or removal. Which?) Bate Thereof (month	24/948	Accident, suicide, or homicide	
	(1).			Where did injury occur?	
Cemetery or crema					
Location	o rauge	, V3.		Injured at home, farm, Industry, public place (where?)	
16. Funeral director.	Hedels	5 Frankling	Aom	Meane of Injury Injured at work	(1
Address	n hole Ve	15 May	un del.	(1) . 0 P 9) .	200
0	111	20 0 100	Do: 0:	23. SIGNATURE A COMPANIE	M. D. or other,
19. (Date rec'd by r	2/ 19 48	Rowland S.	Registrar		igned 10/23/48
(Date rec'd by r	egistřář)		LiveRigital	Addisce	IBIICE A

MARGIN RESERVED FOR BINDING

VS A15



M. D. or other

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	ATE OF DEATH Reg. Diat. No. 242
1. PLACE OF DEATH SCOUNTY. City or town. If outside of or town limits, write RUKAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants rive residence of mother) State
How long in hospital or Institution?	2.(a) It veteran, name war
B. (a) FULL NAME Edward Gainor Be	3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Colors 20. DATE OF DEATH. COLORS
S,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) June 18.1916	and that I fast saw halive on
AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION DURATION DURATION
(Toyng county, and state)	Due 10 Thrown from automobile
11. Industry or business	Due to
12. Name	Dither conditions
14. Malden name. 15. Birthplace	(Include pregnancy within 8 months of death) Major fiediogs of operations.
15. Birthplace I that Bridge Ret.	Date of op.
Address 1305 Smmc Rad M.W.	Aotopsy resolts Oave PHYSICIAN: Please underline the cause to which death should be charged statistically.
Removal Bate thereof 24, 1948	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide. A. C. C. Date of Oct. 29.19
(Burial, cremation, or removal. Which?) (month) (ddy) (year) Cemetery or crematory altawell functal home	Where did Injury occur? Sange 19-50 - Mar.
Location Location Location Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director St (Wanel Ward)	Masons of injury Thrown from and Injured at work? Sup- Wheel.
Address 7619-14 WW 05	23. SIGNATURE John O. Waloney Efamme

19 48 amanda Worone

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Registrar | Address.

DURATION

(State)

OET 19 1948

SUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 242

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County State The Tild	State Maryland County Prince Google
City or town (If outside city or town limits write RURAL and give nearest town)	7. 1. 1. 714/174
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
511-712 Place-Washington 1960	Street No. (If rural, give LOCATION) Washington 19
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James Haywood Brook	V. 57803.9320
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Widowed.	20. DATE DE DEATH Oct 30 1948 at 1/2.
6.(b) Name of husband or wife alice Me Duffie Brooks	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
December 6.(c) If all ve, give age	watterdersd to 19
7. Birth date of	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
65 10 hrsmin.	The sound of the s
· M. H. Comalina	Que to Chreme myocardity 5 Weeks
9. Birthplace (Town, county, and state)	DUE 10
10. Usual occupation of a fall in the late of the late	Due to acueral arterio-selerais
11. Industry or business Kettrld	-/ unhun
12. Name ? Brooks 13. Birthplace Hamilton, N.C.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Consenter.	Major findings of operations.
14. Malden name Elizabeth Corbenter. 15. Birthplace Hamilton, N.C.	Date of op.
16 Informant March Wary Brooks	Autopsy results
Address 5-11-7/21 Place NE. Washington 19 DC	PHYSICIAN: Please underline the cause to which death should he charged statistically.
D / 1 / 1/2 / 2 /2/2	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (Month) (day) (year)	Accident, suicide, or homicide
cemetery or crematory Cedar Hill Cemetery	Where did injury occur?
Location Suitland, Pr. Geo. Cy., Md.	Injured et home, farm, Industry, public place (where?)
18. Funeral director W. W. Chambers Co.	Means of Injured at work?
Address 517-114 St S.E. Wash., D.C	3 007 Thatta.
C . 4C .000	23. SIGNATURE M. D. sp other
(Date rec'd by registrar)	Address Washington 19 De Date signed CS 31/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

243

		reg. Disc.	No. & TJ.
I. PLACE OF DEATH:	ce Georges	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For prowborn infants give residence of mother)	
City or town	, <u>, , , , , , , , , , , , , , , , , , </u>	State D. C. County	
		City or town	
ow long in above place of death?55	os., 17 days		
Glenn Dale		Street No. 4109 Ligation St N. W. (Ifrural, give LOCATION)	
	os., 17 days		. /
3. (a) FULL NAME WILL	IAM JOHN BU	The same of the sa	ecurity Number
Sex 5. Color er race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION)N
Male White	Married	20. DATE OF DEATH	
8 (b) Name of husband or wite Cynth	ia R. Bullis	21. I CERTIFY that death occurred on the date above etated; that I atten	ded deceased from
		APR . 27 19.48 to	G.T. 19.4
7. Birth date of	ber 13. 1873	and that I last saw h. 1.744 alive on	
deceased (mo., day, yr.) Septem 8. AGE: Yeare Months	Daye If lese than one day	Immediate cause of death Lukmonary Tuberculosis	DURATION
75 75 1	2hre.	nin. Juliur any Justice of the	
	37		
8. Birthplace HOTNELL (Town, et	ew York ounty, and state)	Due to	
10. Usual occupation Retired P.	roof Reader: G.P.O.	Due to.	
11. Industry or business		00:10.	
≝ 12 Name Wm. H. Bull	is		
13. Birthplace Sullivan Co.	., New York		
	nn e	(include pregnancy within 3 months of death)	
Mary McCar 14. Maiden name Waldon, New 15. Birthplace	w York	Major fisdings of operations	
		Date of o	
16. Informant Deceased		PHYSICIAN: Please underline the cause to which death should be	charged statistically.
Address		The state of the s	
17 Received to wash.	(Bate thereet (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory		Where did injury occur?(City or town) (County)	
Location		Injured at home, tarm, industry, public place (where?)	
-V // 64/	insent la	Maane of Injury Injured at wo	ork?
18. Funeral director D	V. Prince Company A. V.		
18. Funeral director D	the St M.W.	23. SIGNATURE & Misel Leo France	M. D. or other

BINDING

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007 22 1948

BUREAU V. S.

ly every item of information carefully write the causes of death clearly and

Supply

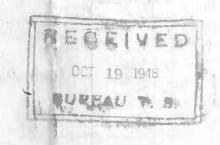
PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physicia

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 1246 10676

231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County Prince Degrae	State md county Frince Deags
(If outside city or town limits, write hURAL and give nearest town)	N a e da la
How long in above place of death? 3 dd y S	City or town
nospital, pastitution, of street adding where death observed.	Street No. 6105- 44 2 000
Prince Georges	(If rural, give LOCATION)
How long to hospital or institution? 3 day \$	2.(a) if veteran, name war
3. (a) FULL NAME CORSON Vu. 11:em A	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m vu morried	20. DATE OF DEATH 14 Oct 19 48 21 10:2011
Chi Marrad brokend or wife Viola Cerson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
D.(U) Name of flueband of white	Cerul 1 1946 10 Oct 14 1948
7. Birth date of	and that I last eaw h ative on 16-14 18 4
deceased (mo., day, yr.) /// 0- /9, 1888	Immediate cause of death
B. AGE: Years Months Days If less than one day	Hemorilage Teer-
60 ml	Csoppascol Varier
g. Birthplace Urginia	Due to
(Town, efunty, and state)	Heliotic Cerction
10. Usuat occupation	Oue to
11. Industry or business washington cersonal Co.	
12 Name by m a, Carson	Dther conditions
12. Name Lary a, Colson 13. Birthptace	
	(Include pregnancy within 3 months of death)
14. Maiden name Sda Smith 15. Birthplace Pa	Major findings ol operations
∑ 15. Birthplace	
16. Informant Crooka Carson	Antopsy results.
Address Riverdale ma!	PHYSICIAN: Please underline the cause is which death should be charged statistically.
Buria Date thereof Oct 18, 1948	22. VIOLENCE: tf death wae due to external causes, fill in the following:
(Burial, cremstion, or removal, Which?) (month) (dsy) (year)	Accident, suicide, or homicide
Cemetery or crometory Lord Lincoln Cempley	Where did injury occur?
Location Colman manor mod	Injured at home, farm, industry, public place (where?)
I hische some	Meens of Injury Injured at work?
18. Funeral director	
Address Ayallsville ma	of the series.
Mat Kelle Changedal	23. SIGNATURE M. D. or other
(Date rec'tr by registrar) Registra	Address T GTT AND LO Date eigned 16-14-47



13/0

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: County Prince George's state Manyland county Prince George's City or town Meadows (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 years RFD # 1, Upper Marlboro
(Hrural, give LOCATION) Hospital, Institution, or street address where death occurred: RFD # 1. Upper Marlboro.Md. How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Richard Franklin Catterton 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION October 14 19 48 11 4:55Pm Male White Wodowed 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife Carrie E. Catterton 19.45 to 10/14/48 19 and that I last saw h 1 m alive on Odtober 11, 1948 19 September 26, 1874 deceased (mo., day, yr.) Supply 8. AGE: 74 9. Birthplace Maryland (Town, county, and state) Due to ... Cardiovascular renal disease 10. Usual occupation Farmer 11. Industry or business 12. Name Unknown Unknown (Include pregnancy within 8 months of death) Major findings of operations..... Unknown 16, Informant Blanche E. Moore PHYSICIAN: Please underline the cause to which death should be charged statistically. Meadows, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof (month) (day) (year) Injured at home, farm, Industry, public place (where?) 23 SIGNATURE

and partial and period

OCT 19 1948

BUREAU Y. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		Reg. Dist. No	
1. PLACE OF DEATH: County	City or iown Cit outside city or town limit	f mother) punty Security S ta, write RURAL and give no	0
5704 - 64 Avenue How long in hospital or Institution?	(If rural, giv	e LOCATION)	
3. (a) FULL NAME	2.(a) IT veteran, name war		M L
CARRIE E. CLARK		3. (b) Social Security	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Sexuale Whate Widowed		ERTIFICATION 28 1948	.198
6.(b) Name of husband or wife Franker W, Clark 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 78 10 6 hrs. min. 9. Birthplace South Weymouth Zeass (Town, coghty, and state)	and that f last saw h	48 Detabe	8 1948
10. Usual occupation	Due fo.	- 4 0	
12. Name a. E. Siring 13. Birthplace wass. 14. Malden name Wartha White 15. Birthplace Zwass 16. Informant Leband V. Clarke Address Waterbury, Comm.	Other conditions. Place of the Conditions of the	months of death)	
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory S. Weymouth, Mass. 18. Funeral director Names E. Lumphney Line 18. Funeral director Names E. Lumphney Line	Accident, suicide, or homicide	Date of	(State)
Address 8434 Ga. Ave. Silver Spring, Md		Bours ?	ZUE

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Battimore

10679

(State) Highway

			-		
Reg.	Diat.	No.			

CEDTIFICATE OF DEATH

		CERTIFICA	IE OF DEATH	Reg. Diat. No.
How long in above pi Hospital, institution, thow long in hospital at the how long in hospital at the hospi	rince Geor ural Nea If outside city or town lim lace of death? , or street address where do of or Institution?			Prince George e e write RURAL and give nearest town)
J. Sex	5. Color or race	1s Coleman 6.(a)Single, married, widowed, or divorced		ERTIFICATION
Male	Colored	Single	20. DATE DF DEATH October 1	3 1948 112
7. Birth date of deceased (mo., di 8. AGE: Y 9. Birthplace	ay,yr.) Sept 2 ears Months Bowie, Mar (Town.e		and that I last saw h	11 concussion our
13. Birthplace	N. Caroli		Dither conditions Compound, confracture of femural (Include pregnancy within 8) Major findings of operations.	months of death)
Address 17. S (Burial, crema	Matlboro, Matlboro, matlboro, tion, or removal. Which?) matory		Autopsy results PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	hich death should he charged statistically uses, till in the following: ent Date of 10-13- lam Pr. Geo. Md. (County) (State) (County) (Highwork) ent Injured at work?
Address Address	F []	0 10	23. SIGNATURE Johni MA	aloney examin

City or town Mitchellville (If outside city or town limits, write RURAL and give nearest town) BOX 93 (If rural, give LOCATION)							
	3. (b) Social Security Number						
	CERTIFICATION						
20. DATE OF DEATH October	13 48 12.05						
Commence of the commence of th	19. 19. 19. 19. Cal concussion DURATION						
Due to							
Due to							
Other conditions Compound, of fracture of femo	ur						
Major findings of operations	Pate of on						

PLAINLY, is especially WRITE PLEASE

ly every item of information carefully. The exertite the causes of death clearly and legibly

K. Supply of

BINDING

FOR

RESERVED

(Date rect by registrar) 1848 Amonda Novica

OCT: 28 1948

BUREAU V. S.

CEDTIFICATE OF DEATH

		CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NA	$D\epsilon$	VAUGHN BERNARD		3. (b) Social Security Number 578-07-8033
4. Sex	5. Color er race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Male	Negro	Married	20. DATE OF DEATH October	V/ 1948 at 11 59 P M
8,(b) Name of husba 7. Birth date of deceased (mo., da	Townson	e DeVaughn 8.(c) If alivo, give age	21. I CERTIFY that death occurred on the date above 19. 22 and that I last saw h. I.A. alive on The Commediate cause of death.	ber 1 1948
o. Adl.	Months 8	Days If less than one day hrsmin.	Culcularnary Tulk	exculoris /o auxili
10. Usual occupation	Truck dr	De Cocounty, and state)	Due to	
12. Name		Vaughn issouri	Dthor conditions	
-	Susan Ne	lson irginia	(Include pregnancy within 3 m	
16. Informant	Deceased	1	Antapsy results	
(Burial, cremat	ion, or removal, Which?)	(Bate thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Dato of
Location			Injured at homo, farm, Industry, public place (who	
	Malyna	1 x 3 C HFY	Meens of Injury	Injured at work?
18. Funeral director	24 1	St. N.W.	23. SIGNATURE A Janie Le	Time Can M.D.
19. (Data ree'd by	registrar)	Registrar	Address Glenn Wal 1	nd Dato signed OCX21/48

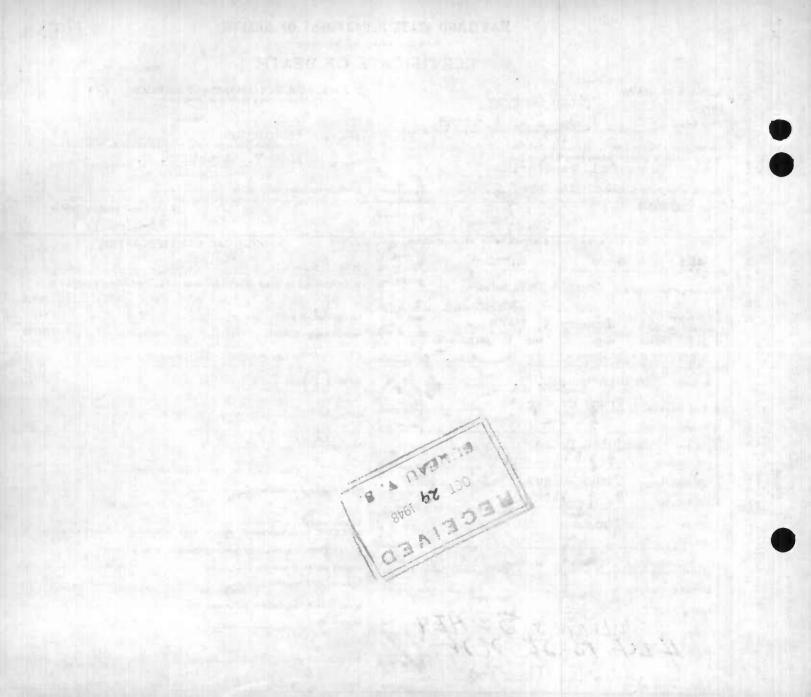
MARGIN RESERVED FOR BINDING

The correct age

MFADING INK. Supply every item of information carefully. The out. Physicians: please write the causes of death clearly and legibly

WRITE PLAINLY, WITH WAR

A15 VS PLEASE



2411 N. Charles St., Baltimore

10681

Date signed 10 /18

			CERTIFICA	ATE OF DEATH	Reg. Dist. No	243.
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For prewhorn infants give residence of mother) State		
3. (a) FULL NAM		OWS	RACHEL		3. (b) Social Security 247-32-7509	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Female	Negro		Widowed	2D. DATE OF DEATH	E. 18 1.48	2 p.
		B.(e) ii alive, give age	//9 10	10/18/4	8 19 4-8
8. AGE: Yea		Days 20	It less than one day	pulmonary !		22 rees
9. Birthplace	Lucklow, S Town Laundry Ess Rev. Purdy ? Sou Christin	outh Ca y Emplo Hoven		Due to	3 months of desth)	
Address 1 Courtel, crematic Cemetery or crema	Swarls, D.C.	Date the	eot	Autopsy results PHYSICIAN: Please underline the cause to external c 22. VIOLENCE: If death was due to external c Accident, suicide, or homicide	which death should be charged causes, fill in the following;	statistically.
18. Funeral director	389-	ROF	and surrel	Means of trijury	2 (1)	240

Oat 19, 148 Rowland & Philips
(Date Fee'd by registrar)
(Date Fee'd by registrar)

MARGIN RESERVED FOR BINDING

WIGH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly

The correct age

WRITE PLAINLY, is especially PLEASE VS A15



Date signed OG 3/48

		rlea St., Baltimore	3.8	
	CERTIFICA	TE OF DEATH	Reg. Dist. No. 243.	
City or town	r., 1 mo., 21 days eath occurred: rium	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State		
3. (a) FULL NAME 4. Sex 5. Color or race	IA. ELLIS.		3. (b) Social Security Number 579-26-7251	
4. Sex 5. Color or race Negro	Single Single	MEDICAL OCOLO	CERTIFICATION A 3 M 11 L8 11 3 L	
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date a	above stated; that I attended deceased from 19.47, to OCF 3.28, 19.47, to 19.48, 19.49	
8. AGE: Years Months 25 25 5	Days If less than one day	n. Cellmonary	ware was 57	
9. Birthplace Orangeburg, S (Town, c 1D. Usual occupation General H 11. Industry or business 12. Name Jonas Elli 13. Birthplace	S	Due to Due to Due to Close Community of the Conditions Wasier findings of operations.	3 months of death)	
15. Birthplace ? 16. Informant Deceased		Antopsy results	Date of op,	
Address 17. Granical (Burial, eremation, or removal, Which?) Cemetery or crematory	Bate thereof oct 7 /4/) (month) (day) (year) dlawn (une levry	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	causes, fill in the following:	
Location Warter 18. Funeral director Foliac Address # 30" H"	7. Stewart St. N.E. Wash S.C. Rowland & Philips Registr	Injured at home, tarm, Industry, public place Means of Injury 23. SIGNATURE Address.	(where?) Injured at work? M. D. or other M. D. or other	

MARGIN RESERVED FOR BINDING

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THE PROPERTY OF THE PARTY OF

007 11 1948

BUREAU V. S.

CERTIFICATE OF DEATH

92d

10683 Reg. Dist. No. **240**

1. PLACE OF DEATH,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince Acorges	State Maryland County Par Geos
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of dealh? 50 years	(If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where weath occurred:	Street No.
Brandy woul	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME CHARLES M. GRAY	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE COLORED MARRIED-	20. DATE OF DEATH OCN 4 19 48 21 11 P.
6.(b) Name of husband or wife BERTHA A GRAY	21. L-GERTIFY that death occurred on the date above stated; that I affended deceased from
	July Box 4 10 48 10 Oct 4 10 4
7. Birth date of POP (6.(c) If alive, give age 7. years	and that I last saw h/m alive on PPT 30 18 80
deceased (mo., day, yr.) R AGE - Years Months Days If less than one day	Immediair cause of death. Causes vascular DURATION
o. Add.	Collegare
68 5 19 1 min.	V
9. Birthplace Charles County Md. (Town, county, and state)	Due to My ocardoes x
(Town, county, and state)	Gropry -
10. Usual occupation	Due to Cardeac Jalvielas
11. Industry or business	Aldre
12. Name I Romas IV Stay	Other conditions.
13. Birthplace Charles lo md	(Include pregnancy within 3 months of death)
14. Malden name Mewigeana Mason 15. Birthplace Charles Com	
S of Bidbolon CD. a Win Co. Son	Major findings of operations.
an & State Head	Dale of op.
16. Informant J. M. T. D. C. M. J. C.	Antopsy results
Address Transaysone	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof Jet, 1, 1948	
(Burial, cremstion, or removal, Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location Waldorf md	Injured at home, larm, industry, public place (where?)
18. Funeral director Aunt & Ryon	Mesns of Injury Injured at work?
	Con P- Feb.
Address aldry	23. SIGNATURE Clifted & Happin
19 Oct 8 1948 F. A. Bellingelly	M. D. grother 191
(Date rec'd by registrar) Registrar	Address. Date signed

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly BINDING RESERVED FOR MARGIN

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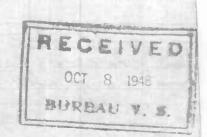


2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

OEM II IOII A	Reg. Diat. No.
1. PLACE OF DEATH: County	Street No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intends give recidence of mother) County County County County (If outside city or town limits, write FORAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
8.(6) Name of husband or wife: 6 4 4 5 Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.	20. DATE OF DEATH
deceased (mo., day, yr.) 8. AGE: Years Mooths Days It less than one day hrsmin.	Immediate case of death DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. industry or business General	Due to C Server P nutrition
12. Name 13. Birthplace	Other conditions
15. Birthplan 16. Interment 16. Interment	Majur findings of operations. Date of op.
Address & Color (Burial, cremation, or removal. Which?) Date thereot. Oct & -/94.8 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cometery or crematory after Cometery Location Washington LC	Where did injury occur?
18. Funeral director Helling S. Washing on associated Address 467 N Rf. n. w Wash. W.C. 19. Oct. 5-19. 48 Corrie F. Campbell (Date rec'd by registrar) (Registrar)	23. SIGNATURE 4 6 3000 M.D. or other Address 4 623 - Lucy Plate gne 10-5-45

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PLEASE WRITE PLAINLY, WITH UNKANNG INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

2411 N. Charles St., Baltimore

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10685

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	For newborn infants give residence of mother)
City or town beday fleights	State MANIBULL County Prince Searges
(If outside city or town limits, watte RURAL and give nearest town)	Marian Chalar Heralits
How long in above place of death? 25	(If outside city or town limits, write HURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No. 9 0 4 6 1 (If rural, sive LOCATION)
	(II FORM, SIVE LOCATION)
How long In hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	5. (0) Social Security Number
Jenge Cou Groot	nes
4. Sex 5. Color or race 6.(a)Single, marfied, widowed, or divorced	MEDICAL CERTIFICATION
mile la mile	MEDICAL CERTIFICATION
me too manuel	20. DATE OF DEATH 2 12 19 49, at 8:40 A. M
1.100	
8.(b) Name of husband or wife. Dentug	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
0.00 0.00 0.00 5/	19 19 19
7. Birth date of	and that I tast any hardlive on Oct 12 18 86
deceased (mo., day, yr.)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. AGE: Years Months Days If less than one day	Immediate caose of death DURATION
00 0 11	Can a state and
/ & ' 7 / 6hrsmin.	Disease
7-222 2: 6. 4/-	
9. Birthplace facquian (Towo, county, and state)	Due to
Tak nana	
1D. Usual occupation.	Due to
11. Industry or business 7, S. Gauge	lalatania talanasini
12. Name Splin Groomes Too. Va.	Dther conditions
\$ 13. Birthplage House too, Va.	
M D D D D D	(Include pregnancy within 8 months of death)
E 14. Maiden name	M to C Post of an advantage
15. Birthojace Farencia Co. In	Major findings of operations.
2) 13. Birthpiace	Date of op.
18. Informant: Bertha Ironnes	Autopsy results
1 11 11 1	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address 40 4 - ave.	22. VIOLENCE: tf death was due to external causes, filt in the following;
17 B 21 5 1 9 Pate thereof 10 - 18 - 48	
(Burlal, cremation, or removal, Which?) Date thereof (mooth) (day) (yeer)	Accident, suicide, or homicide
aslington national.	Where did injury occur?
Cemetery or crematory	(City or town) (Couety) (State)
LocationV	Injured at home, farm, Industry, public ptace (where?)
B 2 81 000	Meana of injury Injured at work?
18. Funerat director. Dio o pg 4	manu vi mjerj
1 goodie st. prach	310000
Addresa 1008 Fla Que nu-	23. SIGNATURE / C. / Saldow
10 at 12 119 (1100 and 1 1)	M. D. or other
(Date rec'd by registrar) Registrar	may so DIVE
(Date red d by registrar) Registrar	Address Dia sgned Sta Dollars



2411 N. Chartea St., Baltimore

10686

CERTIFICATE OF DEATH

information carefully. The corrects of death clearly and legibly.

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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leg. Dist. No. 345

County		Nog. Diet von minimum
City or town. Act of such and effect of the control limits, write SURAL and give nearest town) Wein long in the roll and defects of the control limits, write RURAL and give nearest town) Wein long in the roll of such defects where death occurred. Act of the long in long in sultidian? 3. (a) FULL NAME 4.50. Color or acc 5. (a) Single, married, vidence, or diversed The market of the long in long in sultidian? 5. Color or acc 6. (a) Single, married, vidence, or diversed MEDICAL CERTIFICATION 20. DATE OF BEATH 21. CERTIFY but death occurred on the data above statest. that introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data above statest. That introduced deceased from the control of the data was day to extend a control of the data. The control of the data was day to extend a control of the data was day to extend a control of the data was day to extend a co	1. PLACE OF DEATH: Georges	(Fur prowhern infants give residence of mother)
Street No. of Later Address where death occurred the street of Later Address of Control of Later Address of	~"/	City or laws Sheenhelt mal
Siren R	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Row long in hospital or institution? 3. (a) FULL NAME 3. (b) Social So	J	Street No. 4. D. Sausel Kell Trans
3. (a) FULL NAME James Carter James Courter Jame	Wighten allend Allendary and the officer	(If rural, give LOCATION)
Some of the board or wite I and I allowed the state of the conditions Some of horband or wite I and I allowed the state of the state o	How long In hospital or Institution? 2/2 kee.	. 2.(a) It veteran, name war
5. Color or race S. Color or development of the date above stated; that I attended deceased from S. Sirbhalace S. Color or race S. Col	3. (a) FULL NAME	3. (b) Social Security Number
8. (b) Name of horband or wife 18 18 18 18 18 18 18 18 18 18 18 18 18	James Carter Hicks	577-20-4522
8. (C) Hame of husband or wite Marked Millian Marked Marke	4.500 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
S. (c) It alive, give age S. (d) It alive, give	male white married	10 + 9 1/8 1/-
1. Signification of deceased (no. day, yr.) Age 19 29 19 29 11 less than one day 2. Birthplace Months Days It less than one day 9. Birthplace Months Days It less than one day 10. Usual occupation. Interpretate the control of the conditions of	8.(b) Name of husband or wite man muria thecks)	
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8. Birthplace	deceased (md., day, yr.)	Immediate cause of death
8. Birthplace Agriculture (Town, county, agastete) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace Datable Leave (Include pregnancy within 3 months of death) 14. Maiden name. 15. Birthplace Leave (Include pregnancy within 3 months of death) 16. Informat. Address / 2/7 - 49 The Conditions 17. Extraction, or removal, Which? Cemetery or crematory. Cemetery	0. 700.	
10. Usual occupation. Magnetic Committy and disaster) 11. Industry or business 12. Name	26hrsmin	
10. Usual occupation. 11. Industry or business 21. Name	9. Birthplace (Town, county, and state)	Due to the cramal humanings
11. Industry or business 12. Name		
12. Name	1D. Usual occupation.	Oue to Jun Duy Manna y Wag
14. Maiden name 2 Lands Major findings of operations. 15. Birthplace 2 Lands Date of op. 16. Informant 2 Lands Date of op. 16. Informant 2 Lands Date of op. 17. Lands Date of op. 18. Informant 2 Lands Date thereof Canada Date thereof (major findings) 19. Cemetery or crematory Cellar 4 Lands Date thereof (major findings) 19. Cemetery or crematory Cellar 4 Lands Date thereof (major findings) 19. Funeral directors County Md. 19. County Date thereof (State) Major findings of operations. Autepay results PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide 4 Lands Date of 10-79 97 Accident, suicide, or homicide 4 Lands Date of 10-79 97 Where did injury occur? (City or town) County) (State) 18. Funeral directors Date of 10-79 97 Manns of injury function finding injured at work? Manns of injury function finding inju	11. Industry or business	
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14. Maiden name 2 Major findings of operations. 15. Birthplace 2 Major findings of operations. 16. Informant 2 Major findings of operations. 16. Informant 2 Major findings of operations. 17. Autopay results PHYSICIAN: Please underline the cause to which death should be charged statistically. 18. Pure and the state of the should be charged statistically. 19. Cemetery or crematory. 20. VIOLENCE: It death was due to cause to which death should be charged statistically. 20. VIOLENCE: It death was due to cause to which death should be charged statistically. 20. VIOLENCE: It death was due to cause to which death should be charged statistically. 21. Cemetery or crematory. 22. VIOLENCE: It death was due to cause to which death should be charged statistically. 22. VIOLENC	13 Rithalace Tom Astralle) Tenn.	
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Auters/2/7-49 the love. Melling Ind. Auters/2/7-49 the love. Melling Ind. Auters/2/7-49 the love. Melling Ind. Date thereof. Oct. 12, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory. County of the liquid occur? The love of the following: Where did Injury occur? The love of the following: Where did Injury occur? The love of the following: Injured at home, Igrm, industry, public place (where?) Maans of Injury public place (where?)	E 15. Birthplace Toronto Canada	
Address 2 17 - 49 th Over Millings Mad. 17. The state of	41.010 11.1.1	h.
Address 2/7 - 47 - 47 - 47 - 47 - 47 - 47 - 47 -	16. Informant	
Date thereof. (Burial, cremation, or removal, Which?) Cemetery or crematory. Cemetery or crematory. County Accident, suicide, or homicide. County Where did Injury occur? The County Co	Address 217- 49 - live. Hellude ma.	
Cemetery or crematory. Cemetery City or county. M. City or county. Where did Injury occur? Presented (City or town). County. M. County. M. City or town. Injured at home, Igrm, Industry, public place (where?). Means of Injury prescript and Injured at work? Mannas of Injury prescript. Mannas of Injury prescript. M. City. Mannas of Injury prescript. M. City. M.	17 Burial Date thereof Oct 12, 1948	
Location For ace 6 Songe's County Md. Injured at home, farm, industry, public place (where?) Maans of Injury purshed und had injured at work? Maans of Injury purshed und had injured und work? Maans of Injury purshed und had injured und work? Maans of Injury purshed und had injured und work? Maans of Injury purshed und had injured und work? Maans of Injury purshed und had injured und work? Maans of Injury purshed und had injured und work? Maans of Injury purshed und had injured und work? Maans of Injury purshed und had injured und work?	(Burial, cremation, or removal, Which?) (month) (day) (year)	Like No Co 200 of
18. Funeral direction Color Seambles Co Manns of Injury Juns has unout had injured at work? No Address \$ 801 Cleveland ave, Riverdale Med. 23. SIGNATURE John D. Walnus Exhminus 19. Oct 9 144 James Servey 19. Oct 9 144 James		(City or town) (County) (State)
Address 580/ Eleveland ave Riverdale Sell. 23. SIGNATURE John J. Malony Enaminer 19. Oct 9 148 James Dever	Location France G. Storge's County Mil	
19. Oct 9 148 James Derry 23. SIGNATURE & Mally July D. prother	10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sep. mud.
19 Oct 9 14 James Devay	Address 801 Bleveland We Generale	23. SIGNATURE JOhn J. Malony Erammer
	19.	CII have the tell 10 P. 45



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CERTIFICATE OF DEATH

13/a

Date signed 10-16

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex Fe S. Color or race S. (a) Single, married, widowed, or divorced with the color of the co	MEDICAL CERTIFICATION 20. DATE OF DEATH 16 Oct 1948 21 12 /F
8. (b) Name of husband or wife 8. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7. Birthplace (Town, county, and state) 10. Usual occupation Houseways 11. Industry or business 12. Name Jerry Much Libbson 13. Birthplace Md	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from 19.16. to Oct 10.19.16. and that I last saw h
13. Birthplace 14. Maiden name Sarah Cullison 15. Birthplace 16. Informant Address Address Address	(Include pregnancy within 3 months of death) Major findings of operations
17. Buffel Date thereof (D-19-49) (Burial, Fremation, or removal. Vyhich?) Cemetery or crematory Jacased Heart Location Bushing Mattingley Ans Address Longalton Md,	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
110- 0	23. SIGNATURE

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

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PLEASE

(Date ref'd by registrar)

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2411 N. Charles St., Baltimore

Registrar Address Churchy - Manylandate signed 10-2-3

CERTIFICA	TE OF DEATH Reg. Dist. No. 2 45
1. PLACE OF DEATH: County	State Mary lattu County F1 . Georges City or town Hyattsv111e (If outside city or town limits, write RURAL and give nearest town) Street No. 4712 41st Place (If rural, give LOCATION)
3.(a) FULL NAME Caroline Teresa Johnson	3. (b) Social Security Number
4. Sex F. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE DF DEATH. October 23 19.48 31 6.3
6.(c) Name of husband or wife 6.(c) If alive, give age year 7. Birth date of Sept 30, 1948	rs and that I last saw h
8. AGE: Years Months Days If less than one day	Broncho pneumonia DURATIO
9. Birthplace Hvattaville (Town, county, and state) 10. Usual occupation	Due fo
11. Industry or business 12. Name William Johnson 13. Birthplace Mitchellville, Md.	Diher conditions
14. Maiden name Ella Elizabeth Thomas 15. Birthplace Maryland	(Include pregnuncy within 3 months of death) Major findings of operations
16. Informant Ella Johnson Address 4712 41st Place, Hyattsvill	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VfOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, of removal, Which?) Date thereof. (Marial, Competition) (day) (year) Cemetery or crematory	Where did Injury occur?
Location Location Land Land Land Land Land Land Land Lan	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19 Det 24 1944 Janus Severy (Date ree'd by registrar)	23. SIGNATURE JOHN M. D. Grother Address Lancaly-Marylandate signed 10-2-3

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FOR BINDING

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CERTIFICATE OF DEATH

269

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH: George Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town. S. I Je R. Spring RURAL and give nearest town)
Now long in above place of death	Street No 8323 Draper hane
saurel Sani Parium	(If rutal, give LOCATION)
now long in hospital or institution? ad miTed June 8, 197	2.(a) If veteran, name war
3. (a) FULL NAME. ORTHUR Lywha	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH OCTOBER 30 1848 at 945 9
S.(b) Name of husband or wife MARIE COTTE LYNHAM	7 21. I PERTIFY that death occurred on the date above stated; that I attended deceased from
	June 871 19.47, 10 Det 30 18.48
7. Birth dats of	and that I last saw hi. A. alive on Ott 30
deceased (mo., day, yr.) / / / / / / / / / / / / / / / / / / /	Immediais cause of death 9.5 A DURATION
B. AGE: Years Months Days If less than one day	- Heart block 9 km.
78 · 11 12hrs.	
Birthplace Ricks Man and Wing ain a	Oue to
O. Usual occupation A. A. A. R. S. y	Ous to
1. Industry or business	
12. Name Jolan U. h. y. N. h. a. m.	
13. Birthpiace Richmond - Wirginia	
14. Malden name ELIZA BEST HAROWER	
14. Malden name WESTMORELAND Co - VA	major nadiags of operations.
	Oate of op.
18. Informant Mrs. J. anthur Lynkam	Autopsy results
Address & 323 DRaper hane Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
TEMOVAL Date thereof Oct 31 1946	
(Burial/cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory	Whers did Injury occur?
(DASHINGTON DC	Injured at home, farm, Industry, public place (whers?)
Hall Halle Co	Means of Injury Injured at work?
18. Funeral director 100 Sall 1990	
Address 2901-14th. St NO, WASH, DC.	Jessol Corone
02/31 48 m Brasho	23. SIGNATURE. M. D. M. D.
(Dato rec'd by registrar) Regist	rar Address Augel 10/30/42

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ..

	ince He			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give recidence of mother) State	3		
			URAL and give nearest town)	City or town Mt. Rainier (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or stre	eet address where t	leath occurred	l:	Street No. 3703-36th St. (If rural, give LOCATION) 2.(a) If veteran, name war. NO.			
How tong in hospitat or ins	titution?		······································				
3. (a) FULL NAME	LYD	TA R	LYTLE	3. (b) Social Security	Number		
1,000	. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female	White	1. W-	idowed	20. DATE OF DEATH. October 29 1948			
			ytle) It alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: That t allended dec	29 1946		
7. Birth date of deceased (mo., day, yr.)		12.		and that I last saw hative on			
8. AGE: Years	Months	Days	(I less lhan one dayhrsmin.	Serility	6200		
			Alabama	Due to			
12. Name	Zachar	iah	Wait	Dther conditions	••		
	Rebecca	Rob	erts Georgia	(Include pregnancy within 3 months of death) Major findings of operations			
1B. Informant			Lytle	Autopsy results			
17. Person o. v.s. (Burial, cremation, or	removal, Which?)		n Dr. Arlington eot 29 19 18 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tottowing; Accident, suicide, or homicide			
Cemetery or crematory		世多	tnw. woul Dt	Whers did injury occur?			
18. Funeral director A. A. A. Co.				Msens of injury Injured at work?			
		St.,	NW. Wash, DC	23. SIGNATURE UBRUY 3. P.	4 A		
19. Oct 2	9 19 48	N.	AS DENE	77 7707 Donny Mt Pointon			

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PLEASE WRITE PLAINLY, 18 especially

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10691

M. D. or other

Coate signed .

CERTIFICAT	TE OF DEATH Rog, Dist. No. 242
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (F) prewborn infants give residence of mother) State (If outside city or town limits, write RURAL and give nearest town) Street No. (If rarsi, give LOCATION)
How long in hospital or Institution?	2.(a) il veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
ANTOINETTE MASANO	TTI
FEMALE White Widowed or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH. October 15 19 48 21 7:05 4
8. Birthplace Town, county, and state) 10. Usual occupation Town. 11. Industry or business 12. Name Usuk.	and that I last saw h Malive on C.C. Immediate cause of death Christian Foulist 2 4 3
14 Maiden name. "1 15 Birthplace 16. Informant. MR. WM. ALLY M. Address 19 COLF BROOKE DR. Silven. Hold.	Majnr findings of operations
17 Burial, cremation, or removal, Which?) Cemelery or crematory Location BERWICK PENNSY LANIA	22. VIOLENCE: If death was due to external causes, lill in the following: Accident, suicide, or homicide:
18 Funeral director W.W. Chambers Co. Address 577 -11th. St. S.E. Wash. D.C.	Maans of injury Injured at work?

authorized hy Dr. James. Buyd. 10/19/48.

CERTIFICATE OF DEATH

g. Dist. No. 243

CERTIFIC	ATE OF DEATH Reg. Dist. No
County (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 30 April 100 Apr	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	2.(a) II veleran, name war
James C. Vn : Kenney	3. (b) Social Security Number
4. See 5. Color or race 6.(a) Single, married, widefied, or differenced	MEDICAL CERTIFICATION 20. DATE DE DEATH 1948 9. 13
6. (b) Name of husband or wife Edith V. M. Henry.	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Birth date of deceased (mo., day, yr.) Clef. 29, 1869	years and that I last saw h
8. AGE: Years Months Days If less than one day	D J
9. Birthplace Challottesselle, Va	mal disease
1D. Usual occupation. Whysician	Due 10
11. Industry or business 12. Name Charles M. Henry	Dither conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Malden name or grana	Major findings of operations
16. Informant George W. M. Hanney	Autopsy results
Address 1 72 9 - Con Con S. M. W. Wash. Date thereof. Date thereof. (Burlat, cremation, or removal. Which?) Date thereof. (month) (day) (year)	
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location 2006 - 9th Chhy Wash tron, DC.	Injured at home, farm, Industry, public place (where?)
18. Funeral director 3. Pounds Sons	Means of Injury thjured at work?
Address I trattaville md.	23. SIGNATURE John Malony mid Ga
19. Oct 19 1948 Umanda No. Registrary	trar Adgess Cheverly - Synthesis signed 10-18-

9-45-15M

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

OURATION

Reg. Dist. No.

3. (b) Social Security Number

CERTIFICATION

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) Wenue (If rural, give LOCATION)

3. (a) FULL NAME S.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Months Days It less than one day 8. AGE: 10 prings (Town, courte, and state)

1. PLACE OF DEATH:

How long in above place of death?..

10. Usual occupation... 11. Industry or business 12. NameL 13. Birthplace

Hospital, Institution, or street address when death occurred

How long in hospital or institution?

(Include pregnancy within 8 months of death) Major findings of operations.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide..

Where did Injury occur? (City or town) Injured al home, farm, Industry, public place (where?)

Injured at work? Means of Injury

Date signed.

especially PLAINLY 国 WRIT PLEASE

ormation carefully death clearly and

information of death clea

item of i

ADING INK. Supply every i Physicians: please write the

important.

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18. Funeral director

(Date rec'd by registrar)



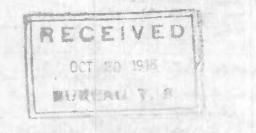
1863-2-17

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

	, itagi atti ita mamminin mam
1. PLACE OF DEATH: County 10 Supr GES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powborn infants give residence of mother)
alcold of shapes -	State Mansland county mei Scorge
(If outside city or town limits, write RURAL and give nearest town)	City or town 2 another or
low long in above place of dealh?	City or town (If outside city or town limits, write RURAL and give nearcat town)
Hospital, Institution, or street address where deate occurred:	Street No. V.Lan Linguista (If rural, spie LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
Jarry Thomas Miner	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W. Widowd	20. DATE OF DEATH October 17 10 48 01 4.50P
45.5	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
5,(b) Name of husband or wife	19, 10
7. Birth date of	and thal I last saw halive on
deceased (mo., day, yr.) Cyril 25, 1873	Immediate cause of death
8. AGE: Years Months Days If less than one day 75 5 27	Cardiac de compensations
Min= Mar 16.	Due to
S. Sirthplace	Chronic valordar heart 7 mg
10. Usual occupation	Due to disease
11. Industry or business	906.10
	Other conditions
12. Name Lenny Musica 13. Birthplace Vuv Lyons 2.	
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Dimpson 15. Birthplace Vur York	Major findings of operations.
E 15. Birthplace V UW YOUC.	Date of op.
18 Interment Harry & Miner	Antopsy results
Address 722-74 St. S. W. Wash. Del	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1. 1. time G. A. 19 19 28	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burini, cremption, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Cortland	Where did Injury occur? (City or town) (County) (State)
new york	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured all work?
t8. Funeral director Subchassing	20 months med
Address A fatteville me!	In The side side side side side side side sid
Mat da 118 Aman de hotor	23. SIGNATURE M. D. Control
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Cheverly - mattente Date signed 10-18-



WIND OF THE LABOR.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10695 Reg. Diat. No. 2/3 (

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County PRINCE GEORGE	(For newborn infants give residence of mother) State Track 4 19 x 4 County Provide George
City or town	
How long in above place of death? 1 month 28 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No. Le 316 Landone Poad (If rural, give LOCATION)
How long in hospital or institution? / man 45 28 days.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Palmer Carrie E.	
4. Sex 5. Color or race ' 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
f w widow	20. DATE OF DEATH 10 - 24 19.48 at 6 A.
5. (b) Name of husband or wife Joseph J Palmere	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	4-10 1940 10 16-24 1948
7. Birth date of	and that I last saw h alive on 10 2
deceased (mo., day, yr.) PRI 14 8 AGE- Years Months Days If less than one day	Immediate cause of death
o. Adu.	Oueuna
71 6 10hrsmin.	
9. Birthplace	Oue to Close Collection
10. Usual occupation Housewife	
	Oue to.
11. Industry or business	
12. Name	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name. Sallie Weld 15. Birthpiace War.	Major findings of operations.
15. Birthojace	major nadiags of operations.
Lecon 19. Calmer	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Canaly Total	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burini, cremation, or removal, Which?) Ogie thereof (morth) (day) (year)	Accident, suicide, or homicide
It Lincoln	Where did injury occur?
Cemetery or crematory manor med	
Location	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?
1B. Funeral director.	Masens of injury Injured at work?
Address Augusteville mil	(w/ (et).
Oct 18 10 Amount Worm	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	Address Hyattellogo God Date signed 10244



#87 31

2411 N. Charles St., Baltimore

1 9:20A M

DURATION

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County ys Seo
(If outside city or town limits, write RURAL and give nearest town)	() Sach (VOcasiant ma)
low long in above place of death? 35 years	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 6807 Eads St
6807 Eads CT	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Melinda	Jalmes
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White widowed	20, DATE OF DEATH. Oct 22 19.48 at 9.5
6.(b) Name of husband or wife Joseph M. Palmer	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) It alive, give ageyear	Oct 15 19.48 10 Oct 22 11
7. Right date of	and that I last saw h. E.Y. alive on OCF 31
deceased (mo., day, yr.) Sept 29 1815	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cornary Throubosis 7.
73min	Cerebral Thrombous 7
9. Birthplace Washing In D.C.	Due to
(Town, dounty, and atate)	Deneralized arleris ichlerous
1D. Usual occupation.	Due to
11. Industry or business Own turns	Senility
= 12 Name Ocohert Brown	Dither conditions
12. Name Cohert Srown 13. Birtholace Washington P. S.	
	(Include pregnancy within 3 months of death)
14. Maiden name Marg Brit Williandson 15. Birthpiace Washington D.C.	Major findings of operations.
E 15. Birthplace Waspamus D. C.	Date of op
16. Informant Mrs Vuginus Durall	. Aotopsy results
(GIE End. OF Next Wares + Me	PHYSICIAN: Please underline the cause to which death should be charged statistically
Address (08) 5 Calas XI New Medical And Control of 1945	22. VIOLENCE: If death was due to external causes, flii in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Togonth) (day) (year)	Accident, suicide, or homicide
Roth (100 h).	Where did injury occur?
Cemetery or crematory	Injured at home, farm, Industry, public place (where?)
Location Location	Injured at home, farm, industry, puo'c place (wherer) Means of injury Injured at work?
18. Funeral director. Scale Filmeral 1887 MC	1 1 1 1
Address 48/2- Far les ou hart. De	23 SIGNATURE (O. Suil) Elekse)
Rat 10 48 Carri 7 Cam 1 1.00	M. D. or other
(Date rec'd by registrar) Registra	Addres 6 40 6 Valcher Cal JE Date signed Och

. Supply every item of information carefully. The correct age please write the causes of death clearly and legibly.

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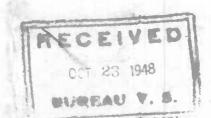
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I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Jane Jon Gl	State Wangland County County
(tf outside city or town limits, write RURAL and give nearest to	m) Chapiloppind
How long In above place of death?	(If outside fity or town limits, write RURAL and give nearest town)
1121-57m Place	Street No
Now long In hospital or Institution?	2.(a) It veleran, name war
3. (a) FULL NAME Famus Pevin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m C married	20. DATE OF DEATH Ceclobor 15 1948, at 3-30A
6.(b) Name of husband or wife Edna Perrin	21. I CERTIFY that death occurred on the date above stated: That I attended deceased from
8.(c) Il alive, give age 39	years 19 10
7. Birth date of deceased (mo., day, yr.) Cyril 14, 1894	and thal I last eaw halive on
8. AGE: Years Minits Days It less than one day	Immediate cause of death DURATION DURATION
5-4 (hrs	min.
9. 6irthplace (Town, county, and atate)	Due to. acute alcoholism
10. Usual occupation & algorer	Due to.
11. Industry or business Capital Draws Co	
E 12. Name Section of Person	Diher conditions
13. Birthplace Greenwood, 8.C.	(Include pregnancy within 8 months of death)
14. Maiden name Elizabeth Mathins 15. Birthplace Greenwood, S.C.	Major findings of aperations.
\$ 15. Birthplace Greenwood, S.C.	
16. Interment Wade Persin	Autopsy results ————————————————————————————————————
Address 11-21-5-7 m Place, Chapel &	22. VIOLENCE: Il death was due to external causes, fill in the following:
(Burial, cremation, or removat. Which?) (Burial, cremation, or removat. Which?) (Burial, cremation, or removat. Which?)	U D
	Where did injury occur?
Cemeter) or Crematory	Injured at home, larm, Industry, public place (where?)
1 JUL- 15 ch. S. C. Washington D	
Location 414-15 st. S.C. Washington, D	Meene of injury Injured at work?
18. Funeral director A: Dasalis Sons	Meene of Injury Injured at work? Days. Wish
11 1:5-0	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charl	lea St., Baltimore
CERTIFICAT	TE OF DEATH Reg. Dist. No. 252
Cily or town (Injutishe city of rown limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothes) Slate. Couply City or town. (I fouts de city or town limits, write RURAL and give nearest town) Sireet No.
How long in hospital or institution?	2.(a) If veteran, name war World Wor T
3. (a) FULL NAME ernes Reginals	Lumphre 3. (b) Social Security Number 217-14-7288
4. Sex 5. Chlor or race -6.(a) Single, married, wido hdd, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 19.48 at 1.24
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19. and that I last saw h 2 live on 19. Immediate cause nl death OUGATION Out to Carcle Out to Ca
12. Name	Other conditions (Include pregnancy within 3 months of death) Major findings of operations Oate of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Success (Burial, cremation, or removal, Which?) Cemetery or crematory. Location. Carlingstone. Location. Carlingstone. Location. Carlingstone. Carlin	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Pitchie Brue. Address Upper Marlora Md.	Means of Injury injured at works Apple Sylventry Means of Injury Injured at works

9-45-15M A15

WRITE PLAINLY, is especially

PLEASE

. Supply every item of information carefully. The corplease write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED

OCT 8 1948

BUREAU V. S.

CERTIFICATE OF DEATH

2411 N. C	harlee St., Baltimore
CERTIFIC	CATE OF DEATH Reg. Dist. No. 3453
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State County City or town (If odtside tity or town limits, write RURAL and give nearest town) Street No. (If rurol, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME Lanie Rees	3. (b) Social Security Number
4. Some S. Color or race 6. (d) Single, married, withowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH O CX 25 1948 21 3
6.(b) Name of husband or wife Thomas W	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from Super 19. Ho., to
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 15 16 16 16 16 16 16 16	and that I last saw h. As alive on Oct 23 19. Immediate course of death Arter Dust OURA Reart death 4
9. Birthplace	Due to.
11. Industry or business 12. Name 13. Birthplace	Dther conditions
14. Malden name	(include pregnoncy within 3 months of deeth) Major fiedings of operatioes.
16. Interment William Press Daniel Da	Actopsy resolts
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
1B. Funeral director Address 31 1 4 XXXX C (3) C S (1) C C	A ST ON . MD

RESERVED FOR BINDING

MARGIN

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Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH birth date shown on: 2411 N. Chartes St., Battimore CERTIFICATE OF DEATH Reg. Diat. No ... 1. PLACE OF DEATH: 2. USUAI. RESIDENCE (HOME) OF DECEASED: /. The collegibly. (For newhorn infants give residence of mother) town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death? / 6 / Wwo (If outside city or town mits, write AURAL and give nearest town) Hospital, Institution, in street address where death occurred: (If rurn), give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Supply lease wr Years 8. AGE: (Town, county, and atate) 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINL 22. VIOLENCE: If death was due-to external causes, filly in the following: Accident, suicide, or homicide 1. C. C. (month) (day) (year Where did Injury occur? (State)-WRITE Injured at home, farm, Industry, public place (where?) Location Injured at work? 国 EASI Date signed 10-2 (Date rec'd by registrar)



CERTIFICATE OF DEATH

231

			CERTIFICA	IE OF DEATH		Reg. Diet. No	20/
1. PLACE OF DEATH: County Prince George County				2. USUAL RESIDENCE (HO. (For nembern infants give res	idence of r	F DECEASED:	Gen-
How long in above place	e of death? 24	lays	JRAL and give nearest town)	State	/	oly A Company of the RURAL and give ne	arest town)
Princ		Genera	l Hospital	(lfr	None	LOCATION,	
3. (a) FULL NAM	ardson, Li	llian E	lizaheth			3. (b) Social Security None	Number
4. Sex	5. Color or race		married, widowed, or divorced	MEDIC	TAL CE		
Female	White	-	Married			ERTIFICATION	(at 10)
	d or wifeTho			21. I CERTIFY that death occurred on the			
7. Birth date of deceased (mo., day,		7, 188	If allve, give ageyears	and that I just saw h			
8. AGE: Yea 59	rs Months	Days	It less than one dayhrs. min.	ovay = n	ne ta	stasds	3 46
9. Birthplace Washington D.C. (Town, county, and state)				Due to			
10. Usual occupation		sewife		Due fo			***************************************
% 1	Evans			Other conditions			
13. Birthplace		Mas	S.	(Include pregnancy		***************************************	
14. Maiden name Amazine 15. Birthplace Mass.				(Include pregnancy			
15. Birthplace Mass.				Welot nedists of obstances			
16. Informant			dson	Actopsy results			
Address			apt. Heights	22. VIOLENCE: If death was due to e			
	rial		(month) (day) (year)	Accident, suicide, or homicide,			
			•	Where did injury occur?(City			
6	uitland	019	1 1	injured at home, farm, industry, public Means of injury	place (wh	ere?)	
18. Funeral director.	11.76	J 5-8	where Co.	7/10			hu o
Address 5/7	4 110	1	and de Deserve	23. SIGNATURE W-UL	an		di other
19. (Date reg d by r	egistrar)	ur	Registra	Address Capitol 14	ugle	to med Date signed.	/

FOR BINDING RESERVED ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

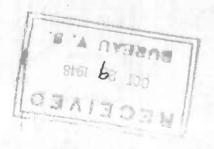
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THE RESERVE OF STREET

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13/0 Reg. Diat. No.,

• '	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Yusa ce Jangup	(For newborn infants give residence of mother)
City or town I sulliv of of	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town O Scenus
low long in above piece of deeth?	(if outside city or town limits, write EURAL and give nearest town)
HODS Street Street Street	Street No. 9073 Junium 01 31
	(If rural, give I/OA/10A),
low long in hospitel or institution?	2.(a) If veteren, neme war
B. (a) FULL NAME	3. (b) Social Security Number
trank J. Olose	
1. Sex 5. Color of pace 6.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION
m W Deronced	
THE MADE OF THE STATE OF	20. DATE OF DEATH CLF 3 19.4.8 el 11.4
(b) Name of husbend or wife	21. I CERTIFY that deeth occurred on the date above stated; that I attended deceased from
A	
. Birth dete of	end thet I lest eew helive on
deceesed (mo., day, yr.) (101 88	Immediate conse of death
. AGE: Yeers Mofths Days If less than one dey	Coronary Shrombosio suddin
6/- 9 23hrs.	in.
Bobinson	Due to Carolio vascular
Birthpiece (Town, coulty, and atate)	Due to Colored
Usual occupation Carnesiles	
	Due to
. Industry or business	
12. Name Downar	Dther conditions
13. Birtholace Solumar	Well bam.
continue and the continue of t	(Include pregnancy within 3 months of death)
14. Maiden neme Doluma.	Major fiedings of operations.
15. Birthplace Spligma.	Dete of op.
newhold & Rose	Actorsy resolts Same
6. Informant Gallage, at my	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Address Elly 10 10 16111	22. VIOLENCE: if deeth was due to externel causes, fill in the following;
Burial Dete thereof Oct 8-1448	
(Burial, cremation, or removal Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Chington Cemelery	Where did injury occur?
arlenton ra	Injured at home, farm, Industry, public plece (where?)
Locallon	Meene of injury Injured et work?
B. Funerel director I Tuesthe Long	meene of minity
Address Styatterille and.	I The said of
Address	- 23. SIGNATURE XOMO . Malony Examiner
Och) of Jams Derry	M. D. or other
(Date rec'd by registrar) Registr	rar Address Murchy - Styallarell Dete signed 0-5-98

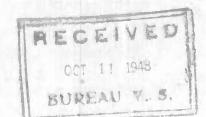
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FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

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1	The state of
1	Ni Co
	bly bly

ADING INK. Supply every item of information carefully. IT Physicians: please write the causes of death clearly and legi especially

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(Date rec'd by registrar)

S

CERTIFICAT	TE OF DEATH	Reg. Diat. No. 230
1. PLACE OF DEATH: County (If outside fity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State	s, write RURAL and give nearest town)
3. (a) FULL NAME Charles W. Sin cell		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION 1997 at 4 Å.
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date about the second of the date about the second of the s	DURATION Sullin
14. Malden name	Major findings of operations	bich death should be charged statistically. Uses, IIII in the following: Date of
Address 1300 - N 20 - N-W- + Wall D - C	John Ortho	Deputy Vaicheal

Address.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn is fants give residence of mother) State
angela Singdak	3. (b) Social Security Number
Fernale White Widowed or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Otober 22 18 48 21 8-10 P
6.(b) Name of husband or wife albert Singdak 6.(c) If alive, give age year 7. Birth date of deceased (mo., day, yr.) Suly 1, 18 8 2	and fhat I last saw halive on
8. AGE: Years Months Days If less than one day 2 2	Immediate cause of death OURATION Due 10.
9. Birthplace	Due to
13. Birthplace Poland 14. Maiden name agnes Florek	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mrs. Eileen Weichler Address 34/4-Wilson Blod. arlington, Va	Aatopsy results PHYSICIAN: Please uoderline the caase to which death should be charged statistically.
17. Burial Date thereof 10-46-48 (Burial, cremation, or removal, Which?) Cemetery or crematory. Washington Memorial Park	22. VIOLENCE: If death was que to external causes, fill in the following. Accident, suicide, or homicide
18. Funeral director W. S. J. Dalley Address 3200-R. J. ave. not. Rainiez, Md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Llep. M. do cal 23. SIGNATURE John O Maloney, Exhumen

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERT	IFIC	ATE	OF	DF	ATI

E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME (For newborn infants give residence	E) OF DECEASED:
Verginia City or town	County
Sireet No322S. Wash	
2.(a) It veteran, name war	V

3. (a) FULL NAME

4. Sex

information carefully. The of death clearly and legibly

Supply every it

BINDING

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1. PLACE OF DEATH:

County Prince George !s

James C. Snoots

How long in hospital or institution?....

5. Color or race 8.(a) Single, married, widowed, or divorced

Potomac River

White Mal e Married 6.(b) Name of husband or wife ... Mildred .. C. ... Snoots

6.(c) if alive, give ageyears deceased (mo., day, yr.) June 27th, 1907

8. AGE:

If less than one day

9. Birthplace.....Alexandria Va.

11. Industry or business Robinsons Storage House E 12. Name Silas Snoots
13. Birthplace Virginaa

14. Maiden name... Margaret A. Upton

16. Informant Wesley Spects

Alexnadria, Va.

807-809 CAMERON STREET ALEXANDRIA.

Address

a.w. Helre

MEDICAL CERTIFICATION

3. (b) Social Security Number

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Immediate cause of death..... Oue to Drowning

Date of op.

(Include pregnancy within 3 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the tollowing;

Accident, suicide, or homicide, Undetermined Date of 3.10/3/48

Where did Injury occur? Potomac River near Oxon Hill, Md.

Injured at home, farm, industry, public place (where?) River....

Meens of Injury

Deppty Medical Examiner
23. SIGNATURE. Address Forestville, Md.

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important.

PLAINLY, is especially

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 577-01-4346 MEDICAL CERTIFICATION Getter 14 1948 116:15A1 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife august 19 19 48 10 Get 7. Birth date of January 3, deceased (mo., day, yr.) 8. AGE: If less than one day 10. Usual occupation... 11. Industry or business 13. Birthniace (Include pregnaucy within 8 months of death) 14. Maiden na 15. Birthplace 14. Malden name.. Major fludings of operatious..... PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide. (mouth) (day) (year) Where did injury occur?(City or town) Cemetery or crematory ... 211.1. injured at home, farm, industry, public place (where?) Injured at work? ---Means of Injury 18. Funeral director J.

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OCT 16 1948

WUREAU V. S.

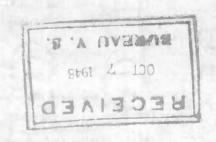
CERTIFICATE OF DEATH

10707 Rog. Diat. No. 22/5

1100

1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infanta give residence of mother)
City or town	State Mary County Allen Mangal
(If outside city or town limits, write RURAL and give nearest town)	Cily or town(If outside city or town limits, write RURAL and give nearest town)
low long in above place of death?	
Eugen & slave Memorial Hagarte	Sireet No. (If rups), give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME more face Street	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a)Singls, married, widowed, or divorced	MEDICAL CERTIFICATION
female white marked,	20. DATE DF DEATH SCT 4 19.48, et 3.5
6. (b) Namo of husband or wife Barrier Educard Stain	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
B.(c) If alive, givo age 29	years 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11
7. Birth dato ot deceased (mo., day, yr.) Canusry 5, 1931	and that I last saw h
8. AGE: Years Months Days If less than one day	Impediate cause of death DURATION
21 8 29hrs.	min. with empyona 4de
9 Birtholace Ouncestonia	Due to.
3. Birthplace (Town, county, and state)	Not tuberculosis
1D. Usual occupation.	Due to
11. industry or business from home	
12. Name John - Bentals 13. Birthplace Oa.	Dther conditions
13. Birthplace Pay.	(tnelude pregnancy within 3 months of death)
HE 14. Maiden name The Land Control of the Lan	Major findings of aperations.
2:	Date of op.
16. Informant.	Antippsy results
Address	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Bate thereof. (month) (ody) (year)	7)
11	Whose did Inhuv occur?
Cometery or crematory Leuch Climilly	
Location Menucly Cennsylvania	Injured at home, tarm, industry, public place (where?)
18. Funeral director of the tomanders Oc	Means of Injury Injured at work?
Address 5801 Cleveland ave, Riverdale,)	nd I de Molin ms
Oct 5 48 Pauce Some	23. SIGNATURE M. D. or other
(Data rec'd by registrar) Regis	strar Address Dato signed Dato signed

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Date signed 1D-

		CERTIFIC	ATE OF DEATH Reg. Dist. No. 202
City or town(I How long in above pla Hospital, Institution,	ce George	eath occurred:	Month and Deduce Comment
3. (a) FULL NA		d Tomoting Gwaener	3. (b) Social Security Number
4. Sex Male	5. Color or race White	d Ignatius Sweeney 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 18 19 48, 21 5: 30
7. Birth date of deceased (mo., da: 8. AGE: Ye	y, yr.) Februars Months Maryland Merchan	sey V. Sweeney	and that t last saw h allve on 19
12. Name	Marylan	eeney d Wilson	Olher conditions
Address 17	istrict H	eights, Md. Pate thereofy Oct. 2/,/94 (month) (day) (year) Waryland. Llvis, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ne is especially important. Physicians: please write the causes of death clearly and legibly

(Date rec'd by registrar)

FOR BINDING

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BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: County Prince Georges City or town Glenn Dale, Maryland (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 3 mos., 22 days Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 3 mos., 22 days.	State De Ca County City or town Washington (If outside city or town limits, write RURAL and give nearest town) Strest No. 64 Eye Street, No. E. (If rural, give LOCATION)		
3. (a) FULL NAME MARIE ELIZABETH WHITE	3. (b) Social Security Number		
4. Sex 5. Color er race 8.(a)Single, married, widowed, or divorced Female Negro Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. OCT. 25 19 48 at 6 00 Ax.		
6.(b) Name of husband or wife Cozzie White 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) November 5, 1915	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from U.L.Y. 2. 19.48. to OCT. 2.5. 19.48. and that I last saw h.C.C. alive on OCT. 2.5. 19.48.		
8. AGE: Ysars Months Days If less than one day 32 32 11 20	Immediate cause of death QURATION Culturous Tuberculosis 4 MO.		
9. Sirthplace Rock Hill, South Carolina (Town, county, and state) 10. Usual occupation Bakery Shop Laborer 11. Industry or business	Due to		
12. Name Frank Davis 12. Name Rock Hill, South Carolina	Dihar conditions		
Hannah Gaston 14. Maiden name Rock Hill, South Carolina	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Deceased Address	Autopsy results		
(Burki, cremation, or removal. Which?) Cametery or crematory Location Mashunglen D	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director MALUAN + SchEY Troc Address 424 R St. NW. D.C.	Mesns of Injury Injured 21 work? 23. SIGNATURE A. D. or other		
19. (Dato rec'd by registrar) (Registrar)	Address Man Hale MA Date signed 0/25/4		

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2411 N. Charles St., Baltimore

CERTIFIC	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Benjamin Harrison Wilhelm	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male n white Married	2D. DATE DF DEATH 5 UCt. 19 48 214:30 P
6.(b) Name of husband or wife Myrtle M. Wilhelm 6.(c) It alive, give age 49 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than ons day 58 Months Days If less than ons day 9. Birthplace Ch.Benton - Missouri (Town, county, and state) 10. Usual occupation Shop Foreman 11. tindustry or business D. C. Highway Dept. Example Andrew Wilhelm 12. Name Andrew Wilhelm 13. Birthplace Missouri 14. Maiden name Astherine Sherrer 15. Birthplace Missouri 16. Informant Myrtle Wilhelm (Wife) Address Berwynn Md.	DURATION DURATION DUE to CANACA TOWNSON ACC. Due to CAN
Busial (Burial, cremation, or removal. Which?) Cemetery or exematory Location 18. Funeral director Address Fyatta relle Parylan 19. Oct 19. 49 amounded North	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

Registrar

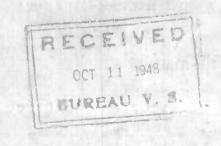
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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles.

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19. (Date rec'd by registrar)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give pealdence of mother) State MARYLAND Couply PRINCE GEORGE City or town FALT RUERDALE (If outside city or town limits, write RURAL and give nearest town) Street No. AUBURM (If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war
	LIAMS 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
SEMALE WHITE WILOW.	20. DATE OF DEATH Ock, 20 19.48, 21 7 P
6.(b) Name of husband or wife FRANCISIA, WILLIAMS 7. Birth date of ALA HARMAN STATE OF STATE	21. 1 CERTIFY that death occurred on the date above stated; that lattended deceased from
8. AGE: Years Months Days It less than one dayhrs	Immediate cause of death Williams DURATION / week
9. Birthplace WASHINGTON D.C. (Town, county, and state) 10. Usual occupation. JOUSE WIFE	Due to
11. Industry or business H 12. Name	Other conditions (Include pregnancy within 3 months of death)
14. Malden name JENNIE LOUISE 15. Birtholace Pripriorin	Major findings of operations
Address Superin Que E. Rignalin	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Management DC Location Washington DC	Where did injury occur?
18. Funeral director W. W. Charsubert . Loo.	Means of Injury Injured at work?
Address 5/7. 11 th 1x. S.F. Work D.C	23. SIGNATURE DAN algorithm
19. (Date rec'd by registrar) Registrar	Addres 927 N. Caps Washyam D.C. Date signed Ort 30/4

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

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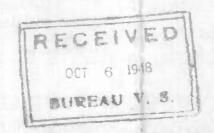
2411 N. Charles St., Baltimore

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			CERTIFIC	ATE OF DEATH	Reg. Diat. No.	/(
City or lown	e George's verly, Md. outside cits or town li ot death? 9 day street address where orge's Generalisticans. 9 day	mita, write RU YSdeath occurred: eral Hos	RAL and give nearest town)	State Maryland City or town College Park (If outside city or town Street No.11106 Colesvill (If rure		S
Anna Wood	worth	6 (a)Single	married, widowed, or divorced	The state of the s	L CERTIFICATION	
						1551.50
Fe	White	-	1	20. DATE OF BEATH 10/11/148	19 al	11:48
6.(b) Name of husband 7. Birth date of deceased (mo., day,)			If allve, give age 85	rears and that I last saw hallve on	Tul	19
8. AGE: Years		Bays	It less than one day	Immediate cause of death	1 1	DURATION
76	0	19	hrs	min.		
10. Usual occupation	none		ite)	Bue to	bstruction	
12. Name	atoch	is of	dbery		thin 3 months of death)	
14. Maiden name.	٤	ngla	al C	Major findings of operations		
16, Informant. 72	re Our	denie	Park Ind	Aotopsy results		ically.
trang	Cortation	Bate thereo	Oct 4, 194	22. VIOLENCE: It death was due to exte	rnal causes, till in the tollowing;	00 *** 00 ** 00 ** ** 00 **
(Rusial, cremition, or removal. Which?) Cemetery or crematory. (Pounds to the company of the				Where did injury occur?(City or		ite)
Location	0	0,0	Lio	injured at home, farm, industry, public p		
18. Funeral director	F. Ga	sche	some	Meens of Injury	injured at work?	
Address	scyat	teri	le mi	23. SIGNATURE	D 4.1).	
19. Let 4	19.4.9 gistrar)	Un	randa Pon	may Heath	M. D. or oth	4.00

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DURATION

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CEDTIFICATE OF DEATH

			CERTIFIC	ATE OF DEATH Reg. Diat. No. 2	43	
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother) State. Do. Co. Couoty. City or town. Washington (If outside city or town limits, write RURAL and give nearest town street No. 12112 - 7th Sta., No. Washington (If rurat, give LOCATION) 2.(a) It veteran, name war.		
3. (a) FULL NAME			ES FRAN	3. (b) Social Security N	umber	
Male	Negro		s, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 48	at .Z.	
7. Birth date of	Marr 1		c) It alive, givs agey	21. I CERTIFY that death occurred on the date above stated: that I attended decess 2/5 19.47, to /0/3/ars and that I last saw h 4. alive on /0/3/		
deceased (mo., day, yr.) 8. AGE: Years 38 38	Months	Days 28	If less than one dayhrs.	Immediate cause of death Substitution of death John Subs	6 2	
10. Usual occupation 11. Industry or business	Rev. F. I	r E. Yate	Virginia date) PS	Due 10		
18. Informant Deceased Address				Autopsy results	tatistica	
(Burini, cremation, cemetery or crematory			hin gtong &S	Accident, suicide, or homicide,	(State)	

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MARGIN RESERVED FOR

PLEASE WRITE PLAINLY,



2411 N. Charles St., Baltimore

.Date signed . 1.0 -22-

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Prince Heorge's (For newborn infants give residence of mother) County Frince Deorge's (If rurat, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION Male Widowed 22 October 1998 21. I CERTIFY that death occurred on the date above stated: that t attended deceased from 6.(b) Name of husband or wite deceased (mo., day, yr.) tf less than one day 8. AGE: (Town, county, and state) (Include pregnancy within 3 months of death) PHYStCIAN: Please underline the cause to which death should be charged statistically. Address 22, VIOLENCE: If death was due to external causes, till in the tollowing: Where did Injury occur? tniured at home, farm, Industry, public place (where?) injured at work? Meens of injury

information carefully of death clearly and

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OCT 25 1948

BUNNAU V. S.